#### IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: 2019 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. contact the Committee on Ethics for further guidance. IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? exceeding \$1,000 during the reporting period? FILER REPORT a. Own any reportable asset that was worth more than \$1,000 at the . Receive more than \$200 in uneamed income from any reportable end of the reporting period? or Joseph P. Kennedy III × × House of Representatives 2019 Annual (Due: May 15, 2020 Member of the U.S. State: District S **78** ¥ 95 줋 ¥es ₹88 × × × × Daytime Telephone: × Amendment \* 콩 풁 중 콯 For Use by Members, Officers, and Employees F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" eporting period? 202-225-593 Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. 2020 HAY 14 HAND Page 1 of 28 DELIVERED (Office Use Only) Shared Staff Filer Type: (If Applicable) **₹** ğ ğ **36 8 \$ 3** FH 1:46 Principal Assistant Z Z z 중 중 중 픙 × $\overline{\times}$ ×

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SSGA Inst US Trees MM INV CL PD	Vanguard Star Fund (VGSTX) X	SP Vanguard (IRA) sole asset:	Wells Fargo Bank Accounts	(self and spouse various)	Bank of America Accounts	ABC Hedge Fund X	Simon & Schuder	Mega Corp. Stock	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with enyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rend income during the reporting period); and say financial interest in, or income derived from, a federal retirement program, including the ffulfit Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, etate the name of the business, the nature of its scrivilles, and its geographic location in Block A.	For rental and offur real properly held for investment provide a complete address or description, e.g., 'rental properly,' and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	other retirement plans (such as	Provide complete names of stocks and mutual funds (do not use only ticker symbols).		and (b) any other reportable asset'or source of income that generated more than \$200 in "unearned" income	(IDENTY) (2) SECT WEST THE OF INVESTMENT OF INVESTMENT OF INCOME AND WITH A TAIT MERCHANT DESIGN.	Assets and/or income Sources	BLOCK A	SCHEDOLE A - ASSELS & ONEXXNED INCOME
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<sup>\*</sup> Filer is a discretionary beneficiary. Filer has disclosed 100% of the assets of the trust that have a value in excess of \$1,000. There were no distributions during 2019.

Name:	
Joseph P.	
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Page 11 of 28

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Merck & Co.	McDonalds Corp.	Marriott Intl Inc CLA	JP Morgan Chase & Co.	Treasury Instruments Fund X	Goldman Sachs Financial Sq.	First Republic Bank San Fran	Facebook Inc. CL A	Exxon Mobil Corp.	Ell & Lilly & Co.	Ecolab Inc.	Disney Watt Co.	Deere & Co.	Crown Castle Intl REIT	Coca Cola Company	Chubb Ltd.	ASSET NAME		Assets and/or Income Sources
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## SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Joseph P. Kennedy III

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SCHEDULE A – ASSETS & "UNEARNED INCOME"
Name:
. Joseph P. Kennedy I
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<sup>\*</sup> Represents a distribution to filer from Residuary Trust U/W George S. Brewster. Filer is a discretionary beneficiary and has disclosed 100% of the assets of the trust that have a value in excess of \$1,000.

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														1			None	
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																	\$2,501-\$5,000 <	BLOCK D  Amount of Income
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						Π		Î									\$100,001-\$1,000,000 😾	<b>5</b>
			Г								Γ	Ī	Γ				\$1,000,001-\$5,000,000 ×	
	П		Π								Γ						Over \$5,000,000 🔀	
	П		П	Г	Г	Π		<u> </u>			T		Γ				Spouse/DC Asset with Income over \$1,000,000°   ≚	
								ß									P 8 Spart, or E	Transaction

## SCHEDULE B - TRANSACTIONS

Name: Joseph P. Kennedy III Page 22 of 28

(Page 15 Item 1) (initial capital contribution)	Brandy Wine PVT Equity Partners (2019) LP	Stack Technologies Inc. * (Page 15 Item 9)	Stack Technologies Inc. * (Page 15 Item 9)	Slack Technologies Inc. * (Page 15 Item 9)	Wells Fargo (Page 7 Item 9)	Cisco Systems Inc. (Page 5 Item 14)	Berkshire Hathaway CL B (Page 5 Item 10)	JT Vanguard FTSE Dev Mkts ETF (Page 4 Item 8)	JT Vertzon (Page 4 Item 9)	JT Microsoft Corp Inc (Page 4 Item 1)	JT United Parcel Service Inc. (Page 4 Item 6)	JT Intel Corp (Page 3 Item 13)	JT Honeywell Intl (Page 3 Item 12)	JT Chubb (Page 3 item 6)	JT Carilion Eagle Mid Cap (Page 3 Item 9)	JT Carillion Eagle Mid Cap (Page 3 Item 9)	JT Alphabet Inc Cap Stk CL A (Page 3 Item 1)	JT Agilent Technologies (Page 3 Item 3)	SP Example Mega Corp. Stock	эг. DC, ЛТ Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an easet in a tox-deferred account, and diadose the capital gain income on Schedule A.  *Column K is for assets solely held by your spaces or dependent child.	Exclude transactions between you, your spouse, or dependent children, or the purchase or safe of your personal realdence, unless it generated rental income. If only a portion of an esset is sold, please choose 'partial safe' as the type of transaction.	reporting period of early evolutily of teat property years of your jobs septembers, or your degrandant desided for investment or the production of incomes. Installed managing their resulted in a certifial least. Provide a held description of an accidence transferior, resulted in a certifial least.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
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		×	×	×	×		-	×	×		×			×			×				Sale			Type of Transaction
							-	<del>                                     </del>		×		×	×		×	×		×	×		Partial Sale		7	ransact
																					Exchange			9
					×			×	×	×	×	×	×	×	×	×	×	×	×		Check Box if ( \$200	Capital Gain Ex	caeded	
6/10/2019		7/31/2019	7/3/2019	10/25/2019	9/24/2019	12/26/2019	12/26/2019	6/11/2019	7/26/2019	4/9/2019	2/4/2019	2/12/2019	2/12/2019	3/13/2019	8/20/2019	7/25/2019	6/11/2019	4/9/2019	3/9/18		weekly, if applicable	(MO/DAYR) or Quarterly, Morelly, or B-		Date
				×					×	×		×	×	×	×	×		×			\$1,001- \$15,000		>	
×		×	×		×	×	×	×			×						×		×		\$15,001- \$50,000		æ	
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	<u> </u>	-	_		_	_	-	<u> </u>		ļ	<u> </u>	_	_	_	_	_	-	_	<u> </u>	-	Over \$1,000,0		_	$\mid \mid$
													<u> </u>	L			L.				(Spause/DC /		~	

Use additional sheets if more space is required. \* Shares were received as Distribution from Brandy Wine Private Equity Partners (2007) (Page 13 Item 15). Sold in Entirety.

## **SCHEDULE B - TRANSACTIONS**

Name: Joseph P. Kennedy III

Page 23 of 28

		5 5 5 5 5 5 5 5 7 7 7 7 7 7 7 7 7				5 5 5 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7						Lines 4 - 19 intentionally left blank	Wells Fargo (Page 21 Item 8)	Microchip Technology (Page 20 Item 12)	Wells Fargo (Page 18 Item 6)	SP Example Wags Corp. Stock	SP, DC, JT Asset	purchase transactoria between year, your spouser, or expension matter, or are purchase or safe of your personal residence, unless it generated restal income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.  Sapitar Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.  * Column K is for assets solely held by your spouse or dependent child.	ispound person or any security or ten property year of your year process, or you dependent child for investment or the production of income, include transactions that resisted in a capital loss. Provide a bifar description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
_											 			!				Purchase	:	Турс
			 							_			×		×			Sale		of Tra
														×		×	_	Partial Sale		Type of Transaction
								!										Exchange		š
													×	×	×	×		Check Box if Capital Gain \$200	Excueded	
		,											9/20/2019	9/20/2019	9/20/2019	3/9/18		(MODAYR) or Quarterly, Monithy, or B- weakly, if applicable spot cable		Date
							-					-						\$1,001- \$15,000	>	
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				L							 			_	_			\$25,000,001- \$50,000,000	-	
			_	_										_				Over \$50,000,000	-	<b>│                                    </b>
													ļ					Over \$1,000,000* (Spouse/DC Asset)	~	

## SCHEDULE C - EARNED INCOME

Name: Joseph P. Kennedy III Page\_ 24 <u>`</u> 28

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any fronoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

In addition, certain t	nd PROHIBITED INCOME: The 20 types of Income (notably honorarial	INCOME LIMITS and PROHISITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "serior staff rate in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ited at or above the "sentor staff" rate was \$28,050. The 2019 limit is \$28,440. ary retationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
	Source (include	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State		Approved Teaching Fee	\$6,000
Examples:	Givil War Roundlabia (Oct. 2)		Spouse Speech	\$1,000
	Ontario County Board of Education		Spouse Salary	N. S.
Neighborhoo	Neighborhood Villages Inc.	Jamaica Płain, MA	Spouse Salary	N/A

#### SCHEDULE D - LIABILITIES

Name: Joseph P. Kennedy III Page 25 of 28

Report liabilities of ever \$10,000 owed to any one greditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

<u> </u>			ľ		0		
			ង		SP. DC. JT		
			Wells F	Example			
			Wells Fargo Bank, N.A.	First Bank of Wilmington, DE	Creditor		
			09/2016	5/16	Date Liability Incurred MO/YR		
			Mortgage of Personal Residence, MA	Mortgage on Rental Property, Dover, DE	· Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	•	
					\$50,001- \$100,000	n	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	mount
	 _	 			\$500,001- \$1,000,000	TI	Amount of Liability
			×		\$1,000,001- \$5,000,000	ø	<b>FIII</b> EV
					\$5,000,001- \$25,000,000	<b>I</b>	
					\$25,000,001- \$50,000,000	<u>-</u>	
					Over \$50,000,000	c.	
					Over \$1,000,000* (Spouse/DC Liab#ity)	×	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

Positions held in any religious, social, fraternal, or political e	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
Member Board of Directors	Robert F. Kennedy Human Rights (formerly Robert F. Kennedy Memorial)
Director	Robert F. Kennedy Children's Action Corps.
Member Board of Directors	Sooner Foundation
Member Advisory Board	Brigham and Women's Hospital - Ann Romney Center for Neurologic Diseases
Member Senior Advisory Committee	Harvard University Institute of Politics
Member Board of Trustees	Kennedy Center for the Performing Arts

### SCHEDULE F - AGREEMENTS

Name: Joseph P. Kennedy III Page 26 2 28

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of attended uring the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

the Candina		
Date	Parties to Agreement	Terms of Agreement
	NONE	

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$380 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Ехетрі»:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Effica)	\$400
NONE			

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Joseph P. Kennedy III Page\_ 2 28

Identify the source and list travel litherary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Deta(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/K)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 5-11	DC-Beijng, Orina-DC	γ	۲	z
Examples:	Habital for Humanity (charity fundament)	Ner. 3-4	DC-Battor-DC	٧	*	γ
NONE						
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## SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Joseph P. Kennedy III Page 28 of

						NONE	Examples: XYZ Magazine		Source	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	
							Article	Speech	Activity	ж of an event to a charitable organizatio	
			-				Aug. 13, 2018	Feb, 2, 2018	Date	charitable organization in lieu of paying an honorarium to you. A separate	
							\$500	\$2,000	Amount	rium to you. A separate	